

# UNIVERSITY OF SOUTHERN INDIANA NON-EXEMPT TIME REPORT

Employee Name \_\_\_\_\_ Reporting Period From \_\_\_\_\_

Employee ID # \_\_\_\_\_ thru \_\_\_\_\_

Department Name \_\_\_\_\_ Org # \_\_\_\_\_

ONLY COMPLETE COLUMNS A & B  
IF YOU WORKED EVENING OR  
NIGHT SHIFT HOURS

RECORD HOURS WORKED TO THE NEAREST QUARTER (0.25) OF AN HOUR

A SHIFT TIME	B SHIFT DIFF HOURS	C DAY OF WEEK	D VACATION	E SICK	F FAMILY SICK	G COMP TIME	H HOLIDAY	I HRS MISC CODE	J FMLA (X)	K PP (X)	L ACTUAL WORK HRS	M TOTAL				
		SATURDAY														
		SUNDAY														
		MONDAY														
		TUESDAY														
		WEDNESDAY														
		THURSDAY														
		FRIDAY														
		<b>TOTAL WEEK 1</b>												Standard Hrs	Comp Time	Overtime
		SATURDAY														
		SUNDAY														
		MONDAY														
		TUESDAY														
		WEDNESDAY														
		THURSDAY														
		FRIDAY														
		<b>TOTAL WEEK 2</b>												Standard Hrs	Comp Time	Overtime
		<b>GRAND TOTAL</b>														
	040/030 042/ 033	<b>CODES</b>	170	180	181	190	150	See codes to the right						012/020	191	030/033

**Miscellaneous Codes**  
033 Shift Differential OT (Entry)  
039 Pager Pay  
042 Shift Differential (Entry)  
220 Jury Duty  
230 Military Leave  
240 Funeral Leave  
420 Unpaid Leave

I certify that the above information is correct.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by the State Board of Accounts for University of Southern Indiana

**SEE REVERSE SIDE FOR INSTRUCTIONS**